

FORM E
TESTING ACCOMMODATIONS - MENTAL DISABILITY VERIFICATION

(Please print or type; must be legible)

(To be completed by a psychiatrist, psychologist or other licensed mental health professional)

Name of applicant requesting testing accommodations: _____

I. QUALIFICATIONS OF THE EXAMINER/DIAGNOSTICIAN

Name of professional completing this form: _____

Address: _____

Telephone number: _____

Occupation, title & specialty:

License number: _____

II. DISABILITY

1. Briefly describe the applicant's current self-reported symptoms of mental or psychological disabilities:

2. Briefly describe any object of evidence that signs and symptoms of psychological disability exist (e.g. collateral interviews, prior records, mental status examination), and attach relevant materials.

3. Are these symptoms secondary to any other disorders? Please explain:

4. What is the applicant's DSM IV diagnosis? (Please complete all five axes. If diagnosis is not definitive, please list differential diagnoses.)

Axis I _____

Axis II. _____

Axis III _____

Axis IV _____

Axis V _____

5. How long has the applicant had a documented history of mental or psychological disability?

7. Is this person being treated for the condition/disability? ☐ Yes ☐ No

8. If so, fully describe the positive and negative effects of such treatment:

9. Do the positive effects mitigate the applicant's condition/disability? ☐ Yes ☐ No

10. If so, fully describe to what extent the positive effects of such treatment mitigate the applicant's condition/disability:

11. How does this condition/disability affect the applicant's ability to complete the examination under standard conditions?

12. What remediation techniques have been attempted in prior testtaking experiences? Did they work?

13. Is there any objective evidence that the requested accommodations have facilitated the applicant's test performance in the past? ☐ Yes ☐ No

14. If your answer to the above question is in the affirmative, please explain fully:

15. Based on the information above, the petitioner's condition/disability and your diagnosis, what testing accommodations would you recommend? *(Describe below all accommodations you believe are necessary, i.e. separate room, personal assistant, extra time, etc.):*

16. Specify the amount of **additional time** requested for each session of the examination. Indicate why additional specified time is needed and the rationale for the amount of time for each test format of the examination. The Bar Examination has six 3-hour sessions (three essay questions or one performance test or 100 multiple-choice questions per session) and the First-Year Law Students' Examination has one 4-hour session for administration of its four essay questions and one 3-hour session where 100 multiple-choice questions are administered. **All requests for additional time must specify the exact amount of additional time. Timing is not interrupted during a session; total time granted includes breaks, except the lunch break. Applicants will not be allowed to leave the secured test center for the lunch break if it occurs during a session. No accommodation of unlimited time will be granted. If additional testing time is requested, but the specific amount of additional time is not indicated, the petition will be returned as incomplete.**

Essay: Specify the amount of additional test time needed per session and rationale: _____

Performance Test: Specify the amount of additional test time needed per session and rationale:

Multiple-Choice: Specify the amount of additional test time needed per session and rationale:

17. If limited testing time is needed each examination day, please specify amount of time limitations requested for each test day and indicate why time limitations are needed:

18. Explain how the recommended testing accommodations relate to the functional limitations associated with the disability and the basis for that determination. Please be specific and explain thoroughly:

19. Please attach a psychological report that contains information necessary to document your diagnosis. The information in the psychological report should include the following:

- Psychiatric/psychological history
- Relevant developmental history
- Educational history
- Relevant medical history
- Full mental status examination
- Diagnostic formulation, including discussion of differential or 'rule out' diagnoses
- Prognosis

20. Did you administer or receive the results of any psychological test on this applicant?

☐ Yes ☐ No

21. If yes, please submit the measures and test scores. The tests may include, but are not limited to the following:

WAIS-R - all subscores and verbal and performance IQ, full scale score
Beck's Depression Scale
Trailmaking Test A and B or Colormaking Trailmaking Test A and B
Minnesota Multiphasic Personality Inventory
Million Clinical Multiaxial Inventory

There may be delays in processing the application if additional documentation is required; so please assist in the timely review and evaluation by completing all the appropriate sections of the form.

PROFESSIONAL'S SIGNATURE:

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

(Signature of Professional)

(Date)

The Committee of Bar Examiners reserves the right to make final judgment concerning testing accommodations and may have this documentation reviewed by the Committee's medical specialist, clinical psychologist, or other consultant.